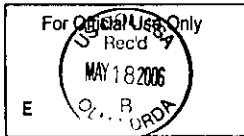


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11063 <i>Applicable For</i>	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Henry N Rodriguez P.O. Box, Bldg., Room No., if any Street 4399 Santa Anita Avenue City El Monte State California ZIP Code + 4 91731	4. Name, file number, and address of labor organization. Name Southern California District Council of Laborers Labor Organization File Number 029-790 P.O. Box, Building and Room Number, if any Street 4399 Santa Anita Ave, Ste 204 City El Monte State California ZIP Code + 4 91731
5. Position in labor organization. Field Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name None Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. Nothing to report 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 05-12-2006 Date	626-350-6900 Telephone Number

Name of Person Filing Henry Rodriguez

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Ave, Ste 200

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for So Cal

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste 200

City El Monte

State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion on utility Industry
data reporting 1-17-05

12.b. Amount.

12.23

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

Nothing to report

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Henry Rodriguez

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Ave, Ste. 200

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const Laborers Trust Funds for So Cal

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste. 200

City El Monte

State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion on call recet data reporting 1-28-05

12.b. Amount.

25.69

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

Nothing to report

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Henry Rodriguez

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Ave, Ste. 200

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const Laborers Trust Funds for So Cal

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste. 200

City El Monte

State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion on scholarship event planning 1-31-05

12.b. Amount.

21.10

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

Nothing to report

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 4399 Santa Anita Ave., Ste. 200
City El Monte
State California ZIP Code + 4 91731

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for So. Cal.
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 4399 Santa Anita Avenue, Ste. 200
City El Monte
State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion on NLRB Industry data 2-22-05

12.b. Amount.

17.58

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

Nothing to report

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Henry Rodriguez	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 4399 Santa Anita Ave, Ste 200
City El Monte
State California ZIP Code + 4 91731

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const Laborers Trust Funds for So Cal
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 4399 Santa Anita Avenue, Ste 200
City El Monte
State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion on Agreement
fringe reporting 2-24-05

12.b. Amount.

24,641

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

Nothing to report

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 4399 Santa Anita Ave., Ste. 200
City El Monte
State California ZIP Code + 4 91731

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for So Cal
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 4399 Santa Anita Avenue, Ste. 200
City El Monte
State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion on Computer Information Systems
3-15-05

12.b. Amount.

12.85

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

Nothing to report

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Henry Rodriguez

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Ave Ste 200

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const Laborers Trust Funds for So Cal

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue Ste 200

City El Monte

State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion on computer information systems 3-17-05

12.b. Amount.

22.34

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

Nothing to report

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Ave, Ste 200

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for So Cal

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste. 200

City El Monte

State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion on Computer Information 3-21-05

12.b. Amount.

12.98

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

Nothing to report

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Ave, Ste 200

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for So. Cal.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste. 200

City El Monte

State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion on scholarship recipient Award processing
5-16-05

12.b. Amount.

17.72

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

Nothing to report

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Henry Rodriguez	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 4399 Santa Anita Ave., Ste. 200
City El Monte
State California ZIP Code + 4 91731

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for So Cal
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 4399 Santa Anita Avenue, Ste. 200
City El Monte
State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion on scholarship recipient award processing
5-18-05

12.b. Amount.

14.09

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

Nothing to report

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Ave, Ste 200

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const Laborers Trust Funds for So Cal

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste 200

City El Monte

State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discontinue a scholarship
Receipt Annual processing
5-31-05

12.b. Amount.

18.63

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

Nothing to report

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Henry Rodriguez

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Ave, Ste 200

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const Laborers Trust Funds for So Cal

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste 200

City El Monte

State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion on Scholarship
cont planning
8-11-05

12.b. Amount.

13.85

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

Nothing to report

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Ave, Ste. 200

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for So Cal

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste. 200

City El Monte

State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion on scholarship
event planning
8-16-05

12.b. Amount.

6.84

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name None

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

Nothing to report

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Henry Rodriguez	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Associated Third Party Administrators</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 4399 Santa Anita Ave Ste 200</p> <p>City El Monte</p> <p>State California ZIP Code + 4 91731</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Const Laborers Trust Funds for So Cal</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 4399 Santa Anita Avenue Ste 200</p> <p>City El Monte</p> <p>State California ZIP Code + 4 91731</p>	<p>11.a. Nature of such dealing.</p> <p>Provides third party administration services to trust funds</p> <p>11.b. Approximate dollar value of such dealing. Do not know</p> <p>12.a. Nature of interest held or income received.</p> <p>Discussion on Scholarship event planning 8-30-05</p> <p>12.b. Amount. 12.11</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name None</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p>Nothing to report</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p></p>

Name of Person Filing Henry Rodriguez

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Ave., Ste. 200

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for So. Cal.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste. 200

City El Monte

State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion on scholarship event 9-30-05

12.b. Amount.

14.58

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code - 4

14.a. Nature of payment.

Nothing to report

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Ave, Ste. 200

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for So. Cal.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste. 200

City El Monte

State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Disburse on scholarship event on 10-11-05

12.b. Amount.

14.82

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

Nothing to report

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Henry Rodriguez

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Ave., Ste. 200

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for So. Cal.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste. 200

City El Monte

State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion on computer data systems
11-21-05

12.b. Amount.

15.29

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

Nothing to report

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

**ADDEMDUM A [MEAL/EVENTS WITHOUT SPECIFIC RECORD OR
RECOLLECTION]**

It is not conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.